

APPLICATION CHECK LIST
MASTER OF ARTS AND MASTER OF SCIENCE PROGRAMS
DEPARTMENT OF PSYCHOLOGY
California State University, Fullerton

SEND TO ADMISSIONS AND RECORDS:

- _____ University Application available at <https://www2.calstate.edu/apply>
- _____ One (1) Official Transcripts from *any educational institution* you have attended since high school
If you attended CSUF for your undergraduate degree, the University will have copies of all transcripts.

SEND TO DEPARTMENT OF PSYCHOLOGY (Attn: Psychology Graduate Office) by JANUARY 15:

- _____ Department Application
- _____ Statement of Purpose
- _____ One Set of Official Transcripts from **each** educational institution you have attended since high school
- _____ GRE Scores (M.A.: general only; M.S.: general and advanced Psychology subject test)
- _____ Three (3) Letters of Recommendation
- _____ M.S. Program Verification of Clinical Experience (if not included as one of your letters of recommendation)

Application: You will be submitting two applications: A University Application and a Department of Psychology Application. The Department will email you when your Department application is received and processed. If you submit a Department application and don't receive notification, please contact Linda Pabón, lpabon@fullerton.edu Information regarding the University application, deadlines and financial aid is available at 657-278-2300 or <http://www.fullerton.edu>.

Statement of Purpose: M.A. Program: Discuss such topics as: (1) your present area(s) of interest in psychology, (2) your research experience, (3) the strengths and weaknesses in your preparation for graduate study, and (4) your career objectives as you now see them.

Statement of Purpose: M.S. Program: Discuss such topics as (1) why you would like to be admitted to the program; (2) past research and clinical experience; (3) career objectives; (4) personal qualities and strengths and weaknesses in your preparation for graduate study in an applied clinical program; (5) why you want to become a clinician; and (6) whether you have any special skills for working with specific populations.

Transcripts: The Department of Psychology requires one (1) set of transcripts from every educational institution you have attended after high school. An additional set of transcripts from every institution you have attended since high school should be submitted with your University application. If your undergraduate degree is from CSUF, you will not need to submit transcripts to the University.

GRE Exam: The GRE test is required. The M.S. program requires both the general and advanced/subject tests. The M.A. program requires only the general test. Please ask that official scores be sent to the Department of Psychology. The General exam is administered on the computer and scores are received immediately. The advanced Psychology subject test is offered only three times per year; plan ahead to be sure your scores will be available in time for the deadline. If you are unable to complete the advanced/subject psychology exam prior to the January 15 deadline, please contact Linda Pabón at lpabon@fullerton.edu

Letters of Recommendation: Three letters of recommendation are required for both the MA Program and the MS Program. For the M.S. program, if your clinical site supervisor is not a recommender, please have your supervisor submit the Verification of Clinical Experience (if licensed, supervisor should include license number).

Department Application Deadline January 15: Materials submitted to the Admissions Office are **not** forwarded to the department. It is impossible for the Department to obtain materials from other University offices. **It is the applicant's responsibility to assure all necessary application materials reach the Department of Psychology Graduate Office by the January 15 deadline. * Completed M.S. applications submitted by Jan. 15 are assured for full consideration.**

MASTER OF SCIENCE PROGRAM

DEPARTMENT OF PSYCHOLOGY
California State University, Fullerton

For Office Use Only

PSYC GPA

Last 60 Units

Please Type or Print

Date _____

Name _____

Phone _____

Address _____

Email _____

City State Zip Code

Ethnicity _____

Other names under which records may be recorded _____

Languages spoken and fluency _____

EDUCATIONAL INSTITUTIONS: List the name and location of every educational institution you have attended subsequent to high school. List most recently attended first. Please submit official transcripts from **all** institutions you have attended (in the original sealed envelope) with your application. **Any action based on your responses to this questionnaire is subject to revision upon verification by official transcripts.**

Institution	Major	Dates Attended	Degree (if any)	Month & Year received or will receive	G.P.A.

Cumulative GPA _____ GPA in last 60 units _____ GPA in Psychology _____

RECOMMENDATIONS: List the names and positions of three individuals familiar with your work in psychology whom you have asked to submit letters of recommendation. At least one letter should be from a **psychology professor**. One letter may be from your clinical supervisor (paid or volunteer) with a description of duties you performed and your **supervisor's license number**. **Please include letters of recommendation (in original sealed envelopes) with your application.**

Name	Position	Institution/Agency

GRADUATE RECORD EXAMINATION: Please have your scores on the Aptitude and Advanced Psychology sections of the GRE reported directly to the Department of Psychology Graduate Office. Please note your scores below.

Verbal _____ Quantitative _____ Analytical _____ Advanced Subject _____

If you are unable to complete the Advanced Psychology exam prior January 15, please contact Linda Pabón at lpabon@fullerton.edu

EXPERIENCE IN A CLINICAL SETTING IS REQUIRED FOR ADMISSION TO THE MS PROGRAM

Briefly describe any applied volunteer or paid positions you have held that provide clinical experience. Specifically describe your duties (e.g., co-facilitator), including internships, type of supervision, and give the **License Number of supervisor**. Your supervisor should confirm your duties and dates of service on the Recommendation form or, if he/she is not one of your recommenders, on the Clinical Experience Verification form. **If they do not have a California license, please provide supervisors' position title**. If your supervisor is no longer available, the current administrator may verify your experience and your supervisor's status. However, you will need to include an additional reference. Clinical experience is a requirement for admittance to the Master of Science Program.

Position Title: _____

Agency: _____

Dates of Service: _____

Description of Duties: _____

Supervisor, Title and License No: _____

Position Title: _____

Agency: _____

Dates of Service: _____

Description of Duties: _____

Supervisor, Title and License No: _____

The M.S. Program is a full-time program with core classes offered during the day. It is not possible for students to attend on a part-time or evenings-only basis. Will you be able to attend the MS Program full time? _____

RESEARCH EXPERIENCE IS REQUIRED FOR ADMISSION TO THE MASTER OF SCIENCE PROGRAM

Please describe any paid or volunteer RESEARCH positions you have held.

Title of Project: _____

Research Supervisor and Title: _____

Dates of Service: _____

Did project result in your authorship on a conference presentation or publication?
If yes, please give the full APA-style citation for the conference paper or journal article.

Description of duties (i.e., data collection, interviewing, scoring, writing presentation, conceptualization and planning):

Title of Project: _____

Research Supervisor and Title: _____

Dates of Service: _____

Did project result in your authorship on a conference presentation or publication?
If yes, please give the full APA-style citation for the conference paper or journal article.

Description of duties (i.e., data collection, interviewing, scoring, writing presentation, conceptualization and planning)

Please attach a statement of purpose. Discuss such topics as (1) why you would like to be admitted to the program; (2) past research and clinical experience; (3) career objectives; (4) personal qualities and strengths and weaknesses in your preparation for graduate study in an applied clinical program; (5) why you want to become a clinician; and (6) whether you have any special skills for working with specific populations.

Your application to the Department of Psychology M.S. Graduate Program cannot be considered by the Graduate Studies Committee unless the departmental application, your statement of purpose, all transcripts, three letters of recommendation (including one letter verifying your clinical experience or a Verification of Clinical Experience form) have been received by JANUARY 15. Completed applications submitted by Jan. 15 are assured for full consideration.

Please mail all application materials directly to:

**Department of Psychology
Psychology Graduate Office
California State University, Fullerton
P.O. Box 6846
Fullerton, CA 92634-6846**

You must also submit a separate University application and one additional set of transcripts to the Office of Admissions and Records.



Department Psychology
(657) 278-3589

**MASTER OF SCIENCE
RECOMMENDATION FORM**

TO BE COMPLETED BY APPLICANT PRIOR TO FORWARDING TO RECOMMENDER

(Print) LAST Name of Applicant

FRIST

MIDDLE

I agree that the recommendation I am requesting shall be held in confidence by officials of the Department of Psychology, and I hereby waive any rights I may have to examine it.

Yes

No

Applicant Signature _____ Date _____

TO BE COMPLETED BY RECOMMENDER

Recommendation regarding _____ who is applying for admission to the Master of Science Program in the Department of Psychology at California State University, Fullerton. If the recommender would rather substitute a letter, please attach this form so that we may retain the student's waiver decision.

Please return this form and letter to the applicant in a sealed envelope to be submitted with the Department of Psychology application. **Application Deadline is January 15 ***

Please Complete and Sign Questionnaire on Reverse

For how long and in what capacity have you known the applicant?

For each of the following attributes, please compare the applicant with other college seniors you have known.

	No Basis For Judgment	Lower 50%	Upper 50%	Upper 25%	Upper 10%	Upper 5%	Good As the Best
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mastery of course Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carefulness in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Career Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to Work With Clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with Clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For this person's application to the M.S. program I would:

- ___ Very Strongly Recommend
- ___ Strongly Recommend
- ___ Recommend
- ___ Recommend with Reservation
- ___ Not Recommended for M.S. Program

If this person were to apply for a Ph.D. program I would:

- ___ Very Strongly Recommend
- ___ Strongly Recommend
- ___ Recommend
- ___ Recommend with Reservation
- ___ Not Recommend

Name _____ Position _____

Address _____
Street Address City State Zip Code

Signature _____ Date _____



CALIFORNIA STATE UNIVERSITY, FULLERTON

DEPARTMENT OF PSYCHOLOGY CLINICAL EXPERIENCE VERIFICATION

To Be Completed by Applicant's Supervisor

A letter on agency stationery may be substituted for the Clinical Verification Form

Please Return Form to Applicant in a Sealed Envelope

Name of Agency:

Address:

City

State

Zip Code

Name of Applicant:

Position/Title:

Dates of Service:

Description of Duties:

Please assess the applicant's performance.

Please assess the applicant's ability to work with clients, peers and supervisors

Do you know of any reason why this person should not work clinically with individuals who have sensitive personal problems?
